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SOKOLOFF  
TAYLOR &  
ZAFMAN**A LIMITED LIABILITY  
PARTNERSHIP INCLUDING  
LAW CORPORATIONS1279 OAKMEAD PARKWAY  
SUNNYVALE, CALIFORNIA 94086  
(408) 720-8300 (Telephone)  
(408) 720-8383 (Facsimile)

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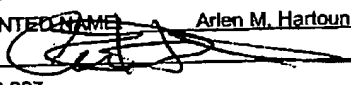
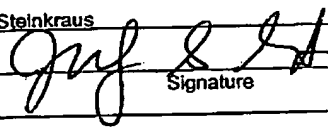
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From: Arlen M. Hartounian, x352  
Date: 04/08/2004 Time: p.m.  
Operator: Judy Steinkraus x280 Matter: 5275.P001 09/779,216  
Number of pages including cover sheet: 13

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Judy L. Steinkraus  
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<b>AMENDMENT TRANSMITTAL</b>		<b>PATENT</b>
Application No.: <u>09/779,216</u> Filing Date: <u>02/07/2001</u> First Named Inventor: <u>Tsung</u> Examiner's Name: <u>Michael C. Heck</u> Art Unit: <u>3623</u> Attorney Docket No.: <u>5275.P001</u>		
<input type="checkbox"/> An Amendment After Final Action (37 CFR 1.116) is attached and applicant(s) request expedited action. <input checked="" type="checkbox"/> Charge any fee not covered by any check submitted to Deposit Account No. 02-2666. <input checked="" type="checkbox"/> Applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 CFR 1.16 and 1.17, for any concurrent or future reply to Deposit Account No. 02-2666. <input type="checkbox"/> Applicant(s) claim small entity status (37 CFR 1.27).		
<b>ATTACHMENTS</b> <input type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> Amendment/Response with respect to Office Action <input type="checkbox"/> Amendment/Response After Final Action (37 CFR 1.116) (reminder: consider filing a Notice of Appeal) <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> RCE (Request for Continued Examination) <input type="checkbox"/> Supplemental Declaration <input type="checkbox"/> Terminal Disclaimer (reminder: If executed by an attorney, the attorney must be properly of record) <input type="checkbox"/> Information Disclosure Statement (IDS) <input type="checkbox"/> Copies of IDS citations <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Fee Transmittal Document (that includes a fee calculation based on the type and number of claims) <input type="checkbox"/> Cross-Reference to Related Application(s) <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Check(s) <input type="checkbox"/> Postcard (Return Receipt)		
<b>SUBMITTED BY:</b> BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP TYPED OR PRINTED NAME: <u>Arlen M. Hartounian</u> SIGNATURE: <u></u> REG. NO.: <u>52,997</u> DATE: <u>4/8/04</u> ADDRESS: <u>12400 Wilshire Boulevard, Seventh Floor</u> <u>Los Angeles, California 90025</u> TELEPHONE NO.: <u>(408) 720-8300</u>		
<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>		
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Date of Deposit <u>Judy L. Steinkraus</u> <u></u> Signature		Name of Person Transmitting Correspondence <u>04/08/2004</u> Date
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